The academy will provide a better understanding of Public Safety with an exciting and packed schedule of hands-on learning. It is the perfect opportunity to try on careers in law enforcement and fire services!

Become a member of a growing nucleus of responsible, well-informed young citizens, while gaining knowledge and understanding of Public Safety.

The following are mandatory:

- Completed Application
- Permission slip from parents to participate
- Background check
- Participation in physical fitness program
- Attendance the entire week
- Medical waiver



FIRST NAME	MIDDLE NAME	LAST NAME
DRIVER'S LICENSE NUMBER (IF A	APPLICABLE)	MALE() FEMALE ()
PRESENT MAILING ADDRESS:		II
STREET		
CITY	STATE	ZIP
HOME PHONE:	WORK PHONE:	
EMPLOYER/BUSINESS NAME:		
STREET		
CITY	STATE	ZIP
DATE OF BIRTH	PLACE OF BIRTH	
PERSON TO NOTIFY IN CASE OF		
NAME AND ADDRESS		
CITY	STATE	ZIP
RELATIONSHIP TO YOU:	PHONE NUMBER:	
	CELL PHONE NU	JMBER:
PLEASE LIST ANY CIVIC ORGANI	ZATIONS THAT YOU ARE INVOLVED WITH:	
HOW DID YOU LEARN ABOUT TH	E TEEN ACADEMY?	
HOW DID TOO LEARN ABOUT IN	L ILLN ACADEMII!	

PLEASE BRIEFLY EXPLAIN YOUR INTEREST IN THE TEEN ACADEMY.		
MULAT DO YOU EXPECT TO LEADN FROM THE CLASSS		
WHAT DO YOU EXPECT TO LEARN FROM THIS CLASS?		
E-mail		
Myspace.com screen name and e-mail address used:		
PARENT/GUARDIAN SIGNATURE	DATE	

Completed Applications can be mailed to:

Scottsdale Fire Department c/o Lori Schmidt, Public Education Officer 8401 E. Indian School Scottsdale, AZ 85251

OR faxed to (480) 312-1887

Interested candidates should RSVP to

Scottsdale Police Department
Sergeant J.C. Taylor
480-312-8209
jctaylor@scottsdaleaz.gov
or
Scottsdale Fire Department
Lori Schmidt
Community Relations
480-312-1817
480-312-1887 FAX
Ischmidt@scottsdaleaz.gov